



TENNESSEE TEACHING SCHOLARS PROGRAM

Type or print in ink. All information requested must be complete and **received at TSAC by the April 15 deadline**. An applicant must be a junior, senior or post-baccalaureate student formally admitted to a state-approved teacher education program to receive the award. The awards are highly competitive and subject to the availability of funding.

1. Name

LastFirstMiddle

2. Social Security No.

3. Permanent Address

Street AddressCityStateZip Code

4. County of Legal Residence

5. Telephone Number ( )

6. E-Mail address

7. Driver's License State

Number

8. Date of Birth

MonthDayYear

9. Are you a U.S. Citizen? Yes No

10. Are you a legal resident of Tennessee? Yes No

11. Gender

MaleFemale

12. Race (Check One)

American Indian/Alaskan NativeHispanicAsian/Pacific IslanderWhiteBlackOtherSpecify

13. Are you a current or prior award recipient of any other service obligation for teacher licensure?

Other, please Specify Type and Name

14. Do you presently have a teaching license? Yes No

15. Are you currently employed as a teacher? Yes No

16. Are you a prior award recipient of one of the following programs?

Minority Teaching Fellows Program Yes No

Tennessee Teacher Loan/Scholarship Program Yes No

17. What level do you plan to teach?

PreschoolElementaryHigh School

18. What discipline do you plan to teach?

ArtElementary EducationLanguageMathematicsMusicNatural SciencesPreschool GeneralistScienceSocial SciencesSpecial EducationOther (Explain)

19. What is the highest degree you hold?

High School DiplomaAssociate's DegreeBachelor's DegreeMaster's DegreePHDOther (explain)

20. When do you anticipate completing the requirements for teacher licensure?

MonthYear

COLLEGE INFORMATION

21. What Tennessee institution will you attend to earn your teaching credentials?

22. What is your class level for the academic year for which you are applying?

3rd Year (Junior)Graduate or Professional4th Year (Senior)Other5th Year Undergraduate

23. Indicate the number of credit hours you will be taking for each term.

Number of Credit Hours

(a) Fall Semester

(b) Spring Semester

(c) Summer Semester

REFERENCES INFORMATION (You must list three different references)

24. Reference I	
Name:	
Relationship:	
Address:	
Home Phone:	
Work Phone:	
Employer:	
(If self-employed, give name of Company)	
Work Address:	
25. Reference II	26. Reference III
Name:	Name:
Relationship:	Relationship:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Employer:	Employer:
(If self-employed, give name of Company)	(If self-employed, give name of Company)
Work Address:	Work Address:

27. Submit to TSAC official copies of all college transcripts, documentation to verify the standardized test score shown in Item 30, and a Letter of Recommendation from an official of the teacher education program at your educational institution attesting to your commitment to teaching and promise of professional success as a teacher.

28. CERTIFICATION BY APPLICANT

I understand that this application must be completed in full by me and my educational institution, and received by TSAC by April 15 to be considered. I realize that it must be supported by official copies of all transcripts, a Letter of Recommendation, and documentation to verify my standardized test score. I certify that I have read this application and that it is accurate to the best of my knowledge. I agree to provide, if requested, any other documentation to verify such information. I authorize the educational institution to release to TSAC or its agents, any information requested by such persons (i.e., current address, enrollment status, GPA, etc.). I affirm that any funds obtained, as a result of this application, will be used solely for expenses related to attendance in teacher education at the educational institution. I understand that I must reapply for this program each year. I agree to notify TSAC of any change in my status including, but not limited to, name, address, and school attendance. I understand that to remain eligible for the program I will be required to maintain at least a 2.75 GPA or higher if required by the teacher education program at my institution. After receipt of Teacher Certification, I affirm my intent to teach in a Tennessee public school one year for each year the award is received at the preschool, elementary or secondary level. I understand that I will be required to sign a promissory note before awards are made.

SIGNATURE OF APPLICANT

DATE SIGNED

CERTIFICATION TO BE COMPLETED BY THE TEACHER EDUCATION PROGRAM TO WHICH THE STUDENT HAS BEEN FORMALLY ADMITTED

29. Name of Educational Institution\_\_\_\_\_

Address\_\_\_\_\_

Street AddressCityStateZip Code

Telephone Number (\_\_\_\_)\_\_\_\_\_

Fax Number (\_\_\_\_)\_\_\_\_\_

30. I certify that the above student’s residency is classified as \_\_\_\_\_In-State \_\_\_\_\_Out-of-State

31. I certify that the student’s most current Standardized Test Score is \_\_\_\_\_ACT \_\_\_\_\_SAT \_\_\_\_\_GRE \_\_\_\_\_MAT

\_\_\_\_\_PPST Total: \_\_\_\_\_Reading \_\_\_\_\_Writing \_\_\_\_\_Math

32. I certify the student’s Undergraduate Cumulative GPA \_\_\_\_\_ for \_\_\_\_\_Semester Hours

33. I certify the student’s Graduate Cumulative GPA \_\_\_\_\_ for \_\_\_\_\_Semester Hours

I certify that the information given above is complete and correct to the best of my knowledge, that the above-named student has been formally admitted to a State-approved teacher education program, and that such program can be completed within four years from the date of award.

SIGNATURE OF DEAN/DEPARTMENT HEAD

DATE SIGNED

TYPE OR PRINT NAME

TITLE